

Illinois Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007389 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED 05/26/2016 |
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

PIATT COUNTY NURSING HOME

**1111 N STATE ST P O BOX 410
MONTICELLO, IL 61856**

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
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| S9999 | <p>Final Observations</p> <p>STATEMENT OF LICENSURE VIOLATIONS:</p> <p>300.2010a)1) 300.330</p> <p>300.2010 Director of Food Services a) A full-time person, qualified by training and experience, shall be responsible for the total food and nutrition services of the facility. This person shall be on duty a minimum of 40 hours each week. 1) This person shall be either a dietitian or a dietetic service supervisor.</p> <p>300.330 Definitions: Dietetic Service Supervisor - a person who is a dietitian; or is a graduate of a dietetic technician or dietetic assistant training program, corresponding or classroom, approved by the American Dietetic Association; or is a graduate, prior to July 1, 1990, of a Department approved course that provided 90 or more hours of classroom instruction in food service supervision and has had experience as a supervisor in a health care institution which included consultation from a dietitian; or has successfully completed a Dietary Manager's Association approved dietary managers course; or is certified as a dietary manager by the Dietary Manager's Association; or has training and experience in food service supervision and management in a military service equivalent in content to the programs in the second, third, or fourth paragraph of this definition.</p> <p>These requirements are not met as evidenced by the following:</p> <p>Based on interview and record review, the facility failed to have a qualified Dietetic Services</p> | S9999 | | |

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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| S9999 | <p>Continued From page 1</p> <p>Supervisor who has completed the required training and works 40 hours per week in the dietary department. This failure has the potential to affect all 84 residents.</p> <p>Findings include:</p> <p>E36, Dietary Manager stated on 5-23-16 at 10:15 A.M. that E36 became the Dietary Manager in January 2016. E36 stated she is enrolled in the University of North Dakota correspondence Dietary Manager course. E36 stated she has completed 10 of the 16 lessons. E36 stated that the 10 lessons have been reviewed and graded. E36 stated that she has two additional lessons have not been returned to E36.</p> <p>E36's personnel file documents E36 began as Dietary Manager on 1-17-16. E1, Administrator verified on 5-23-16 at 1:30 P.M. that E36 had been the Assistant Dietary Manager.</p> <p>According to the facility's "Resident Census and Conditions of Resident" signed 5-23-16, 84 residents reside at the facility.</p> <p style="text-align: right;">(AW)</p> <p>-----</p> <p>300.3100d)2)</p> <p>300.3100 General Building Requirements</p> <p>d)2) All exterior doors shall be equipped with a signal that will alert the staff if a resident leaves the building. Any exterior door that is supervised during certain periods may have a disconnect device for part-time use. If there is constant 24 hour a day supervision of the door, a signal is not required.</p> | S9999 | | | |

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| S9999 | <p>Continued From page 2</p> <p>This requirement was not met as evidenced by the following:</p> <p>Based on observation, record review, and interview, the facility failed to ensure that four of four exterior doors were alarmed or supervised to alert staff if a resident leaves the facility. This has the potential to affect 11 of 17 sampled residents (R2, R6, R7, R13, R14, R15, R17, R18, R19, R20, and R21) and 40 residents (R32 through R71) on the supplemental sample.</p> <p>The finding includes:</p> <p>According to E39, Maintenance Director on 5-24-16 at 11:05 a.m. the facility's exterior doors are equipped with audible alarms. Four of the doors are disconnected during daylight hours. The four doors are in the skilled section of the facility. They include the north door between the skilled section and the former hospital, the east door to across from station B, the south door between the skilled section and the assisted living unit, and the north door in the 140 hall. These doors are also equipped with an electronic resident monitoring system.</p> <p>During tour on 5-24-16 at 11:05 A.M., the 140 hall door was opened. The alarm did not sound. No staff member was in the 140's hall. E39, Maintenance Director stated that there is a door bell that sounds one time at Nurse Station A. The door bell sound did not continue to sound. No one came to check the door. The door was opened again when the surveyor was in the Station A. The station has a visual monitor of the door. A staff member did not come and check the monitor.</p> | S9999 | | | |

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| S9999 | <p>Continued From page 3</p> <p>On 5-24-16 at 11:05 a.m. the three other doors were not supervised by any mechanical method. Supervision was to be provided by staff's visual observation when the alarms are disconnected. Constant supervision of the four doors was not observed while the door alarms were disconnected.</p> <p>E1, Administrator provided a resident roster with room numbers. According to the resident room roster, 55 residents reside on the skilled section of the facility. E2, Director of Nurses provided a list of residents that have an electronic monitoring device. Four residents residing on the skilled unit have a monitoring device. Fifty-one residents reside on the unit without a monitoring device. Eleven of 17 sampled residents (R2, R6, R7, R13, R14, R15, R17, R18, R19, R20, and R21) and 40 residents (R32 through R71) on the supplemental sample reside on the skilled unit.</p> <p>(B)</p> <p>300.7050d)e)</p> <p>Section 300.7050 Staffing d)e)</p> <p>d) Nurses, CNAs, and social service and activities staff who work on the unit at least 50 percent of the time that they work at the facility shall participate in a minimum of 12 additional hours of orientation within the first 45 days after employment, specifically related to the care of persons with Alzheimer's disease and other dementia. This orientation shall be defined in facility policies and procedures; shall be in a form of classroom, return demonstration, and mentoring; and shall define to new staff the elements contained in Section 300.7050(e)(1)-(10).</p> | S9999 | | | |

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| S9999 | <p>Continued From page 4</p> <p>e) Nurses, CNAs, and social services and activities staff who work on the unit at least 50 percent of the time that they work at the facility shall attend at least 12 hours of continuing education every year, specifically related to serving residents with Alzheimer's disease and other dementia. (Completion of the 12 hours of orientation in accordance with subsection (d) of this Section may be counted as continuing education for the year in which this orientation is completed.) Topics shall include, but not be limited to:</p> <ol style="list-style-type: none"> 1) Promoting the philosophy of an ability-centered care framework; 2) Promoting resident dignity, independence, individuality, privacy and choice; 3) Resident rights and principles of self-determination; 4) Medical and social needs of residents with Alzheimer's disease and other dementia; 5) Assessing resident capabilities and developing and implementing services plans; 6) Planning and facilitating activities appropriate for a resident with Alzheimer's disease and other dementia; 7) Communicating with families and others interested in the resident; 8) Care of elderly persons with physical, cognitive, behavioral, and social disabilities; 9) Common psychotropics and their side effects; and 10) Local community resources <p>This requirement is not met as evidenced by:</p> <p>Based on record review and interview the facility failed to develop and implement an education program for Alzheimer's Special Care Unit staff which requires staff to attend a twelve hour</p> | S9999 | | | |

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| S9999 | <p>Continued From page 5</p> <p>orientation related to the care of residents with Alzheimer's Disease within 45 days of employment and requires staff to attend 12 hours of dementia care related continuing education annually. This failure has the potential to affect all 28 residents residing in the Alzheimer's Special Care Unit.</p> <p>Findings include:</p> <p>The Alzheimer's Special Care Unit Training Program policy dated 4/1993 documents "All staff will receive six hours of (dementia care) training prior to being scheduled on the (dementia unit).....Annually all current staff will receive (the six hour dementia care) program training."</p> <p>On 5/24/16 at 8:50 AM E12 Alzheimer's Unit Coordinator stated that all staff receive dementia care training prior to working on the Alzheimer's Special Care unit which is a one day training that lasts from 8:00 AM to 4:30 PM. E12 stated that E3 Social Services Director/Assistant Administrator teaches the dementia care class. E12 stated E12 does have information related to continuing education for the Alzheimer's Special Care Unit staff.</p> <p>On 5/24/16 at 3:20 PM E3 stated E3 teaches the dementia care class and that the class lasts seven to eight hours. E3 stated staff take the class initially when they are hired and then annually. E3 stated E3 does not have information related to continuing education for dementia unit staff other than the seven to eight hour class that E3 teaches.</p> <p>On 5/25/16 at 8:30 AM E3 provided a list of employees who are assigned to the Dementia Unit 50 percent or more of their time including</p> | S9999 | | | |

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| S9999 | <p>Continued From page 6</p> <p>E17 Licensed Practical Nurse (LPN), E18 Registered Nurse (RN), E19 LPN, E20 Certified Nurses Aide (CNA), E21 CNA, E23 CNA, E24 RN, E25 CNA, E26 CNA, E13 Dementia Unit Activity Director, E14 CNA, E17 LPN, E27 LPN, E28 CNA, E7 CNA, E29 RN, E30 CNA, E8 CNA, E31 CNA, E6 CNA, E21 Activity Assistant, E33 LPN, E34 CNA and E35 CNA .</p> <p>On 5/25/16 at 8:55 AM E3 could not provide documentation that E17, E18, E19, E20, E21, E23, E24, E25 and E26 participated in 12 hours of orientation related to the care of residents with Alzheimer's Disease within 45 days of employment or that E13, E14, E17, E27, E28, E7, E29, E30, E8, E31, E6, E21, E33, E34 and E35 attended 12 hours of continuing education annually.</p> <p>On 5/25/16 at 4:40 PM E2 Director of Nurses stated E2 could not provide additional information related to training or continuing education for dementia unit staff.</p> <p>The Dementia Unit Census List dated 5/26/16 documents that 28 residents reside in the Dementia Unit.</p> <p>(AW)</p> | S9999 | | | |